

The Commonwealth of Massachusetts
Division of Health Professions Licensure

Board of Registration in Dentistry

239 Causeway Street, 5th Floor

Boston, MA 02114

(617)727-9928

www.mass.gov/dpl/boards/dn

BOARD USE ONLY

Board: _____

License#: _____

Type: _____

Cash#: _____

Cash Date: _____

Please attach recent passport size

2 X 2

photograph here

DENTAL HYGIENE-LICENSURE BY CREDENTIAL
APPLICATION

1. Applicant Name: _____
Last First Middle

2. Former Name: _____

3. Date of Birth: _____ Place of Birth: _____

BOARD USE ONLY

Status Code: _____

Issue Date: _____

Lic. Exp. Date: _____

4. Permanent Address: _____
No. Street Apt.#

City/Town State Zip Code

5. Business Address: _____
No. Street Apt.#

City/Town State Zip Code

6. Telephone Number-Day: _____ Evening: _____

7. SOCIAL SECURITY NUMBER (MANDATORY) _____ - _____ - _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

8. Graduate of: _____
Name of institution Location

9. Date Diploma or Certificate Conferred on _____ 19____ Degree: _____

10. Documentary Proof of Dental Education Must Be Filed With This Application.

11. Documentary Proof of National Board Certification Must Accompany Application.

12. I have taken N.E.R.B.: _____
Date

13. This is my first request for registration in Massachusetts. _____ Yes _____ No

14. List registrations in all other states with issue and current status. A certificate of standing from each state in which you were licensed, indicating the status of your license and any relevant disciplinary information, must be submitted to the Board with this application.

15. Has any disciplinary action been taken against you by a licensing board in another state? _____ Yes _____ No
If yes, please state the details (use separate sheet if necessary).

16. Are you the subject of pending disciplinary actions or pending complaints by a licensing board in another state? _____ Yes _____ No If yes, please state the details (use a separate sheet if necessary).

17. Have you ever voluntarily surrendered or resigned a professional license to a licensing board in another state? _____ Yes _____ No If yes, please state the details (use a separate sheet if necessary).

18. Have you ever applied for and been denied a professional license in another state? _____ Yes _____ No
If yes, please state the details (use separate sheet if necessary)

19. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? _____ Yes _____ No

If yes, please state the details (use separate sheet if necessary)

20. We, the undersigned registered dentists, are personally acquainted with _____, the applicant named in the application, and recommend him/her as a person of good moral character.

a. Name _____
Print Name Sign Name
Address _____

b. Name _____
Print Name Sign Name
Address _____

21. I certify, under pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Dentistry to deny me a license or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, (a) pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law; and (b) pursuant to G.L. c. 119, s. 51A, I understand my obligation to report the abuse and neglect of children.

Signature of applicant Date

WALL CERTIFICATE: Please state name as you wish it to appear on wall certificate.

First Middle Last

Address certificate should be mailed to:

Street _____

City, State, Zip Code _____

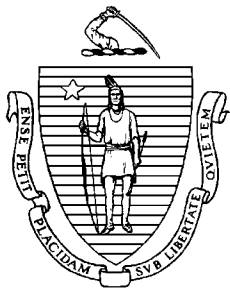
OFFICE USE ONLY

Fee Received: _____

Date of passing NERB _____

Exam# _____

Date certified in Massachusetts _____



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DENTAL HYGIENE LICENSURE BY CREDENTIALS

You may qualify for licensure by credentials if you have been in practice for one year or more in another state. No examination is necessary if you meet all requirements. You will be required to pass the jurisprudence exam. **ALL APPLICATIONS WILL BE REVIEWED ON THE FIRST WEDNESDAY OF EACH MONTH.**

Please include the following with your completed application:

- 1) Proof of graduation-** Original letter from the school or an official transcript with school seal. **PHOTOCOPY NOT ACCEPTABLE.**
- 2) Proof of National Board Certification-** Either a copy of the National Board Certificate or a copy of your national Board scores is acceptable.
- 3) Two letters of Recommendation-** From registered dentists (one a present or former employer) giving dates of employment.
- 4) Resume**
- 5) Application and Licensing Fee-** Check payable to the Commonwealth of Massachusetts for \$84.00.
- 6) CEU's-** Documentation of continuing education taken within past two years. A total of 20 continuing education must be received prior to licensure.
- 7) Photograph-** Attach passport sized photo to front of application at top.
- 8) Letters of Standing-** Letters of Standing must be sent to the Board from any state in which you are or were licensed in. These letters must include the Current Status of the license and whether or not any disciplinary action is pending or has been taken against you.

9) Ethics and Jurisprudence Exam

The Ethics and Jurisprudence Exam is based on 1. The Dental Laws and 2. The Dental Rules and Regulations (234CMR) of the state of Massachusetts. Both documents are available from the State House Book Store, Room 116, Boston, MA 02133 for a nominal fee. Please call (617) 727-2834 to find out the exact amount and send a check made payable to the Commonwealth of Massachusetts to the above listed address. You can obtain an Exam by calling our office at (617) 727-0084, or (617) 727-2243. Include a completed exam with the application. Do not take the exam until you have reviewed the Dental Laws and Dental Rules and Regulations booklets.